RIVERVIEW REHABILITATION/CARE CENTER

428 NORTH 6TH STREET

| TOMAHAWK 54487 Phone: (715) 453-2511          |     | Ownership:                        | Corporation |
|---|-----|-----------------------------------|-------------|
| Operated from 1/1 To 12/31 Days of Operation: | 365 | Highest Level License:            | Skilled     |
| Operate in Conjunction with Hospital?         | No  | Operate in Conjunction with CBRF? | No          |
| Number of Beds Set Up and Staffed (12/31/03): | 59  | Title 18 (Medicare) Certified?    | Yes         |
| Total Licensed Bed Capacity (12/31/03):       | 61  | Title 19 (Medicaid) Certified?    | Yes         |
| Number of Residents on 12/31/03:              | 58  | Average Daily Census:             | 57          |

| Services Provided to Non-Residents | Age, Gender, and Primary Di | agnosis                    | of Residents                | (12/31/03) | Length of Stay (12/31/03) | 응                                     |                                 |  |  |
|------------------------------------|-----------------------------|----------------------------|-----------------------------|------------|---------------------------|---------------------------------------|---------------------------------|--|--|
| Home Health Care                   | No                          | <br>  Primary Diagnosis    | 8                           | Age Groups | <del></del>               | Less Than 1 Year                      | 22.4                            |  |  |
| Supp. Home Care-Personal Care      | No                          |                            |                             |            |                           | 1 - 4 Years                           | 43.1                            |  |  |
| Supp. Home Care-Household Services | No                          | Developmental Disabilities | 0.0                         | Under 65   | 3.4                       | More Than 4 Years                     | 20.7                            |  |  |
| Day Services                       | No                          | Mental Illness (Org./Psy)  | 36.2                        | 65 - 74 6. |                           |                                       |                                 |  |  |
| Respite Care                       | No                          | Mental Illness (Other)     | 5.2                         | 75 - 84    | 29.3                      |                                       | 86.2                            |  |  |
| Adult Day Care                     | No                          | Alcohol & Other Drug Abuse | 0.0                         | 85 - 94    | 48.3                      | * * * * * * * * * * * * * * * * * * * | *****                           |  |  |
| Adult Day Health Care              | No                          | Para-, Quadra-, Hemiplegic | 0.0                         | 95 & Over  | 12.1                      | Full-Time Equivalent                  |                                 |  |  |
| Congregate Meals                   | No                          | Cancer                     | 5.2                         |            |                           | Nursing Staff per 100 Res             | idents                          |  |  |
| Home Delivered Meals               | No                          | Fractures                  | 5.2                         |            | 100.0                     | (12/31/03)                            |                                 |  |  |
| Other Meals                        | No                          | Cardiovascular             | 10.3                        | 65 & Over  | 96.6                      |                                       |                                 |  |  |
| Transportation                     | No                          | Cerebrovascular            | 10.3                        |            |                           | RNs                                   | 9.4                             |  |  |
| Referral Service                   | No                          | Diabetes                   | 3.4                         | Gender     | 용                         | LPNs                                  | 6.6                             |  |  |
| Other Services                     | Yes                         | Respiratory                | 8.6                         |            |                           | -   Nursing Assistants,               |                                 |  |  |
| Provide Day Programming for        |                             | Other Medical Conditions   | 15.5                        | Male       | 31.0                      | Aides, & Orderlies                    | 32.6                            |  |  |
| Mentally Ill                       | No                          |                            |                             | Female     | 69.0                      | I                                     |                                 |  |  |
| Provide Day Programming for        |                             |                            | 100.0                       |            |                           | I                                     |                                 |  |  |
| Developmentally Disabled           | No                          |                            |                             |            | 100.0                     |                                       |                                 |  |  |
| Developmentally Disabled           | NO                          |                            | ate ate ate ate ate ate ate |            | 100.0                     |                                       | also de also de also de also de |  |  |

## Method of Reimbursement

|                    |      | edicare |                     |     | edicaid<br>itle 19 |                     |     | Other |                     | :   | Private<br>Pay | :                   |     | amily<br>Care |                     |     | anaged<br>Care |                     |                         |       |
|--------------------|------|---------|---------------------|-----|--------------------|---------------------|-----|-------|---------------------|-----|----------------|---------------------|-----|---------------|---------------------|-----|----------------|---------------------|-------------------------|-------|
| Level of Care      | No.  | 90      | Per<br>Diem<br>(\$) | No. | 90                 | Per<br>Diem<br>(\$) | No. | ્ર    | Per<br>Diem<br>(\$) | No. | 90             | Per<br>Diem<br>(\$) | No. | ્ર            | Per<br>Diem<br>(\$) | No. | ્ર             | Per<br>Diem<br>(\$) | Total<br>Resi-<br>dents | - Of  |
| Int. Skilled Care  | 0    | 0.0     | 0                   | 1   | 2.5                | 127                 | 0   | 0.0   | 0                   | 0   | 0.0            | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 1                       | 1.7   |
| Skilled Care       | 7    | 100.0   | 348                 | 36  | 90.0               | 109                 | 0   | 0.0   | 0                   | 9   | 81.8           | 158                 | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 52                      | 89.7  |
| Intermediate       |      |         |                     | 3   | 7.5                | 93                  | 0   | 0.0   | 0                   | 2   | 18.2           | 158                 | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 5                       | 8.6   |
| Limited Care       |      |         |                     | 0   | 0.0                | 0                   | 0   | 0.0   | 0                   | 0   | 0.0            | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 0                       | 0.0   |
| Personal Care      |      |         |                     | 0   | 0.0                | 0                   | 0   | 0.0   | 0                   | 0   | 0.0            | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 0                       | 0.0   |
| Residential Care   |      |         |                     | 0   | 0.0                | 0                   | 0   | 0.0   | 0                   | 0   | 0.0            | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 0                       | 0.0   |
| Dev. Disabled      |      |         |                     | 0   | 0.0                | 0                   | 0   | 0.0   | 0                   | 0   | 0.0            | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 0                       | 0.0   |
| Traumatic Brain In | j 0  | 0.0     | 0                   | 0   | 0.0                | 0                   | 0   | 0.0   | 0                   | 0   | 0.0            | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 0                       | 0.0   |
| Ventilator-Depende | nt 0 | 0.0     | 0                   | 0   | 0.0                | 0                   | 0   | 0.0   | 0                   | 0   | 0.0            | 0                   | 0   | 0.0           | 0                   | 0   | 0.0            | 0                   | 0                       | 0.0   |
| Total              | 7    | 100.0   |                     | 40  | 100.0              |                     | 0   | 0.0   |                     | 11  | 100.0          |                     | 0   | 0.0           |                     | 0   | 0.0            |                     | 58                      | 100.0 |

RIVERVIEW REHABILITATION/CARE CENTER

|                                 | %<br>T  |  | <br>Needing  |  | Total   |
|---------------------------------|---|--|--|--|---|
| 1.6   Daily Living (ADL)        | 8   |  | veeding  |  |   |
| 1.6   Daily Living (ADL)        | T - 1 1 t   |  | stance of  | % Totally  | Number of   |
|                                 |   |  | Two Staff  | <del>-</del>   | Residents   |
|                                 | Independent<br>0.0  |  | 81.0   | 19.0   | 58  |
|                                 | 20.7  |  | 72.4   | 6.9  | 58  |
|                                 |   |  |  |  | 58  |
|                                 |   |  |  |  |   |
|                                 |   |  |  |  | 58  |
|                                 | 74.1  |  | 22.4   | 3.4  | 58  |
|                                 | *****   | *****  | ******   | ******   | *****   |
| 69   Continence                 |   | 8 5  | Special Treatment  | S  | 용   |
| Indwelling Or Extern            | nal Catheter  | 10.3   | Receiving Respi  | ratory Care  | 17.2  |
| 7.7   Occ/Freq. Incontiner      | nt of Bladder   | 43.1   | Receiving Trach  | eostomy Care   | 0.0   |
| 1.6   Occ/Freq. Incontiner      | nt of Bowel   | 32.8   | Receiving Sucti  | oning  | 0.0   |
| 1.6                             |   |  | Receiving Ostom  | y Care   | 1.7   |
| 2.3   Mobility                  |   |  | Receiving Tube   | Feeding  | 0.0   |
| 0.0   Physically Restraine      | ed  | 0.0  | Receiving Mecha  | nically Altered Diets  | 34.5  |
| 0.0                             |   |  | 3  | 4  |   |
| ·                               |   | (  | ther Resident Ch   | aracteristics  |   |
| ·                               |   |  |  |  | 86.2  |
| ·                               |   |  |  | 10001100   | 00.2  |
| ,                               |   | 0.0  |  | oactive Druge  | 81.0  |
| 7<br>1<br>1<br>2<br>1<br>1<br>1 | Indwelling Or Exters .7   Occ/Freq. Incontines .6   Occ/Freq. Incontines .6   .3   Mobility .0   Physically Restrains .0   .2   Skin Care | .0   Toilet Use 31.0 .0   Eating 74.1 .4  ************************************ | .0   Toilet Use 31.0 .0   Eating 74.1 .4  ************************************ | .0   Toilet Use 31.0 36.2 .0   Eating 74.1 22.4 .4  ************************************ | .0   Toilet Use 31.0 36.2 32.8 .0   Eating 74.1 22.4 3.4 .4  ************************************ |

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

| ***********  | ******   | ***** | ******   | ***** | ***** | ***** | *****   | ***** | *****  |
|--|----------|-------|----------|-------|-------|-------|---------|-------|--------|
|  |          | Own   | ership:  | Bed   | Size: | Lic   | ensure: |       |        |
|  | This     | Pro   | orietary | 50    | -99   | Ski   | lled    | Al    | 1      |
|  | Facility | Peer  | Group    | Peer  | Group | Peer  | Group   | Faci  | lities |
|  | 8        | 90    | Ratio    | 용     | Ratio | 앙     | Ratio   | 양     | Ratio  |
| Occupancy Rate: Average Daily Census/Licensed Beds   | 91.4     | 80.8  | 1.13     | 83.7  | 1.09  | 84.0  | 1.09    | 87.4  | 1.05   |
| Current Residents from In-County                     | 67.2     | 73.7  | 0.91     | 72.8  | 0.92  | 76.2  | 0.88    | 76.7  | 0.88   |
| Admissions from In-County, Still Residing            | 26.1     | 19.8  | 1.32     | 22.7  | 1.15  | 22.2  | 1.17    | 19.6  | 1.33   |
| Admissions/Average Daily Census                      | 121.1    | 137.9 | 0.88     | 113.6 | 1.07  | 122.3 | 0.99    | 141.3 | 0.86   |
| Discharges/Average Daily Census                      | 114.0    | 138.0 | 0.83     | 115.9 | 0.98  | 124.3 | 0.92    | 142.5 | 0.80   |
| Discharges To Private Residence/Average Daily Census | 59.6     | 62.1  | 0.96     | 48.0  | 1.24  | 53.4  | 1.12    | 61.6  | 0.97   |
| Residents Receiving Skilled Care                     | 91.4     | 94.4  | 0.97     | 94.7  | 0.97  | 94.8  | 0.96    | 88.1  | 1.04   |
|  |          |       |          |       |       |       |         |       |        |
| Residents Aged 65 and Older                          | 96.6     | 94.8  | 1.02     | 93.1  | 1.04  | 93.5  | 1.03    | 87.8  | 1.10   |
| Title 19 (Medicaid) Funded Residents                 | 69.0     | 72.0  | 0.96     | 67.2  | 1.03  | 69.5  | 0.99    | 65.9  | 1.05   |
| Private Pay Funded Residents                         | 19.0     | 17.7  | 1.07     | 21.5  | 0.88  | 19.4  | 0.98    | 21.0  | 0.91   |
| Developmentally Disabled Residents                   | 0.0      | 0.8   | 0.00     | 0.7   | 0.00  | 0.6   | 0.00    | 6.5   | 0.00   |
| Mentally Ill Residents                               | 41.4     | 31.0  | 1.33     | 39.1  | 1.06  | 36.5  | 1.13    | 33.6  | 1.23   |
| General Medical Service Residents                    | 15.5     | 20.9  | 0.74     | 17.2  | 0.90  | 18.8  | 0.82    | 20.6  | 0.76   |
| Impaired ADL (Mean)                                  | 41.7     | 45.3  | 0.92     | 46.1  | 0.90  | 46.9  | 0.89    | 49.4  | 0.84   |
| Psychological Problems                               | 81.0     | 56.0  | 1.45     | 58.7  | 1.38  | 58.4  | 1.39    | 57.4  | 1.41   |
| Nursing Care Required (Mean)                         | 8.6      | 7.2   | 1.19     | 6.7   | 1.28  | 7.2   | 1.20    | 7.3   | 1.18   |